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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | | 10/800,587 – Conf. #1652 | | |
| | Filing Date | | March 15, 2004 | | |
| | First Named Inventor | | James C. Weaver | | |
| | Art Unit | | 3767 | | |
| | Examine | r Name | B. Mehta | | |
| | | Attorney Docket Number MGH1631 | | .43(MIT10778L; 1) | |
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
| A Power of Attorney is submitted herewith. OR | | | | | |
| X I hereby appoint the practitioners associated with the Customer Number: 021125 | | | | | |
| X Please change the correspondence address for the above-identified application to: | | | | | |
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| Assignee of record of partial interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature | | | | | |
| Name Kas Betas | | | | | |
| Date April 1 2008 | | Telephor | ne (, | 7 954 93 | 353 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| 1 *Total of1 forms are submitted. | | | | | |
| | | | | | |
| Revocation of Power of Attorney or Authorization of Agent I hereby certify that this paper (along with any paper referred to as being attached or enclosed) to being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: Signature: Signature: | | | | | |